☐ Initial Application
☐ Amended Application
Date: 12-08-1



COMMITTEE ID NUMBER
DEST 1-2017-0/
Recentl by 5.91

COMMITTEE TYPE (choose one):

committee Name (required): irst or last name & office)	-c $-c$ $-c$ $-c$ $-c$ $-c$ $-c$ $-c$
	COMMITTEE TO REELECT ROLAND F. WINTERS JR.
Candidate Information:	Candidate's Name (required): ROLAND F. WINTERS JR.
	Candidate's mailing address (required):
	Candidate's email address (required):
	Candidate's phone number (required):
	Candidate's website (if any):
Office Sought (choose one):	
	☐ State Senate ☐ State House of Representatives ☐ District (required):
	□ County Office: □ District (if applicable):
	City/Town Office:
Election Cycle for Office Sou	aght (year the election will take place) (required): FALL 2018
Party Affiliation:	□ Democrat □ Green □ Libertarian □ Republican 🗟 Other:
☐ Political Action Com	mittee (PAC)
Committee Name (required): if sponsored, must include	
Committee Name (required):	
Committee Name (required): if sponsored, must include	□ Contributions □ Candidate-Related Independent Expenditures
Committee Name (required): if sponsored, must include sponsor's name)	
Committee Name (required): if sponsored, must include sponsor's name) Political Function (optional):	□ Contributions □ Candidate-Related Independent Expenditures
Committee Name (required): if sponsored, must include sponsor's name) Political Function (optional): (select any that apply)	☐ Contributions ☐ Candidate-Related Independent Expenditures ☐ Ballot Measure Expenditures ☐ Recall Expenditures
Committee Name (required): if sponsored, must include sponsor's name) Political Function (optional): select any that apply) Sponsorship Information:	☐ Contributions ☐ Candidate-Related Independent Expenditures ☐ Ballot Measure Expenditures ☐ Recall Expenditures Sponsor's name or nickname (required): Sponsor's mailing address (required):
Committee Name (required): if sponsored, must include sponsor's name) Political Function (optional): select any that apply) Sponsorship Information:	☐ Contributions ☐ Candidate-Related Independent Expenditures ☐ Ballot Measure Expenditures ☐ Recall Expenditures Sponsor's name or nickname (required): Sponsor's mailing address (required):
Committee Name (required): if sponsored, must include sponsor's name) Political Function (optional): select any that apply) Sponsorship Information:	☐ Contributions ☐ Candidate-Related Independent Expenditures ☐ Ballot Measure Expenditures ☐ Recall Expenditures Sponsor's name or nickname (required): Sponsor's mailing address (required): Sponsor's email address (required):
Committee Name (required): if sponsored, must include sponsor's name) Political Function (optional): select any that apply) Sponsorship Information: if applicable)	□ Contributions □ Candidate-Related Independent Expenditures □ Ballot Measure Expenditures □ Recall Expenditures Sponsor's name or nickname (required): Sponsor's mailing address (required): Sponsor's email address (required): Sponsor's phone number (if any): Sponsor's website (if any):
Committee Name (required): if sponsored, must include sponsor's name) Political Function (optional): select any that apply) Sponsorship Information:	☐ Contributions ☐ Candidate-Related Independent Expenditures ☐ Ballot Measure Expenditures ☐ Recall Expenditures Sponsor's name or nickname (required): Sponsor's mailing address (required):





COMMITTEE ID NUMBER (office use only)

COMMITTEE INFORMATION:

	Annahara da anahara da
Contact Information:	Committee's mailing address (required): 182 bl W. WEGTHEN by, SURMIZE
	Committee's email address (require.,
	Committee's phone number (if any): 623-594-5952
	Committee's website (if any):
Chairperson's Information:	Chairperson's name (required):
	Chairperson's physical address (required):
	Chairperson's mailing address (if different):
	Chairperson's email address (required):
	Chairperson's phone number (required):
	Chairperson's employer (required):
	Chairperson's occupation (required):
Treasurer's Information:	Treasurer's name (required): RICK PENQUITE
	Treasurer's physical address (required): 18253 W. WEATHERBY DR.
	Treasurer's mailing address (if different):
	Treasurer's email address (required): THERICKSTER 46 @ YAHOO. COM
	Treasurer's phone number (required): 623-256-6203
	Treasurer's employer (required): RETIRED
	Treasurer's occupation (required):
Bank or Financial Institution:	
(do not list acct numbers)	Additional bank name (ifapplicable):
	Additional bank name (if applicable):

DECLARATION AND SIGNATURE

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	I declare under penalty of perjury that the foregoing information is true and correct. chairperson or treasurer of the committee named herein, if applicable; (2) designate committee and authorize it to receive/make contributions/expenditures on my behalt campaign finance and reporting guide; (4) agree to comply with Arizona election law §§ 16-901 to 16-938; and (5) agree to accept all notifications and legal service of preaddress(es) provided herein.	the abo f, if appli v, includ	ove-named committee as my official candidate icable; (3) have read the Secretary of State's ing campaign finance laws codified at A.R.S.
	Chairperson's signature:	Date: _	12-8-17
	Treasurer's signature: Life Longuette	Date: _	12/8/17
	Candidate's signature (if applicable): Roand & Winter	Date: _	12-8-17